

1697

FILL OUT ALL BLANKS
AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in Plain Terms, that it may be properly classified. If any item can not be obtained insert word "unknown." Make every effort possible to secure this information. Incorrect certificates will be returned for correction.

PLACE OF DEATH			ARIZONA STATE BOARD OF HEALTH	
BUREAU OF VITAL STATISTICS			State Index No. 855	
County	Yavapai		County Registered No. 129	
District	Gorichal precinct		Local Registrar's No. 30	
Town	Cottonwood			
Or City				
ORIGINAL CERTIFICATE OF DEATH				
No. _____ St. _____				
(If death occurred in a Hospital or Institution, give its NAME instead of street and number.)				
FULL NAME <u>H M Fugate</u>				
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
SEX	Color or Race	MARRIAGE	DATE OF DEATH	
<u>Male</u>	<u>White Indian</u>	<u>SINGLE</u>	<u>June 15</u> 191 <u>7</u>	
	<u>Black Chinese</u>	<u>WIDOWED</u>	(Month) (Day) (Year)	
	<u>Mexican</u>	<u>or DIVORCED</u>		
DATE OF BIRTH			I hereby certify, that I attended deceased from _____	
_____ 191_____			on <u>6/15/17</u> 191____; that I last saw h_____ alive	
(Month) (Day) (Year)			on _____ 191____, and that death occurred on the date	
AGE	If less than 1 day _____		stated above at _____ M. The DISEASE or INJURY causing	
<u>about 60</u> mos. _____ days _____ hrs., or _____ min.			Death was as follows: <u>Natural causes</u>	
OCCUPATION			<u>herd of inguitorial</u>	
(a) Trade, profession or particular kind of work <u>Carpenter</u>			<u>jury</u>	
(b) General nature of industry, business, or establishment in which employed or (employer) <u>H. B. Myers Co.</u>			(Duration) _____ yrs. _____ mos. _____ days	
BIRTHPLACE			Was disease contracted in Arizona? _____	
(State or country) <u>Do not know</u>			If not, where? _____	
NAME OF FATHER			CONTRIBUTORY _____	
<u>Do not know</u>			(Duration) _____ yrs. _____ mos. _____ days	
BIRTHPLACE OF FATHER			(Signed) <u>W. Bennett, Ex-Officio Coroner</u>	
(State or Country) <u>Do not know</u>			191_____ (Address) <u>Cottondale Ariz.</u>	
MAIDEN NAME OF MOTHER			*In death from Violent Causes state (1) Means of Injury, and (2) whether Accidental, Suicidal, or Homicidal.	
<u>Do not know</u>			LENGTH OF RESIDENCE	
BIRTHPLACE OF MOTHER			At place of death _____ yrs. _____ mos. _____ ds. In Arizona _____ yrs. _____ mos. _____ ds.	
(State or Country) <u>Do not know</u>			Former or Usual Residence _____	
The Above Is True to the Best of My Knowledge			Filed <u>June 18</u> 191 <u>7</u> <u>Accarlson</u>	
(Informant) <u>J. B. Alexander</u>			Local Registrar	
(Address) <u>Cottonwood, Ariz.</u>			Filed <u>7/7/18</u> <u>John W. Fugate</u>	
PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL OR REMOVAL		County Registrar	
<u>Throner Ariz</u>	<u>June 18</u> 191 <u>7</u>			
UNDERTAKER	ADDRESS			
<u>W. P. Datt</u>	<u>Throner Ariz</u>			